



ALEXANDRIA TOWNSHIP

Incorporated 1765

BUILDING DEPARTMENT

Filling Out Your Building Permit

Building Subcode Section

1 → **2** → **3** → **4** → **5** → **6** → **7** → **8** → **9** → **10** → **11**

BUILDING SUBCODE TECHNICAL SECTION

A. IDENTIFICATION-APPLICANT. COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tel. (_____) _____
Contractor _____
Address _____
Tel. (_____) _____ FAX (_____) _____
Lic. No. or Bldg. Reg. No. _____
Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF CATH
I hereby certify that I am the agent of owner of record and am authorized to make this application.
Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Once Use Only)

PLAN REVIEW	Sub	Initial	INSPECTIONS	Type	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> AJ	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____	_____	_____	_____	_____	_____

Joint Plan Review Required:
☐ Elec ☐ Plumb ☐ Fire ☐ Elevator
SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: _____
Approved by: _____
TCD _____
Other _____
Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
Czech. Class Present _____ Proposed _____ 1. New Bldg. \$ _____
No. of Stories _____ 2. Alteration \$ _____
3. Total (1+2) \$ _____
Height of Structure _____ Ft.
Area - Largest Floor _____ Sq. Ft.
New Bldg. Area All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

TYPE OF WORK

☐ New Building
☐ Addition
☐ Alteration
☐ Footing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement: Subchapter 2
☐ Lead Haz. Abatement NJAC 5:17
☐ Other _____
☐ Demolition

FEE (Once Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
CCA Testing Fee \$ _____
TOTAL FEE \$ _____

CCA Fee: 2000-2001
Applicant must submit this fee with their Construction Code Enforcement
Office phone number and to the town clerk.

#1. The Block & Lot Number of the property goes here. This is unique a number assigned to your property by the township. You can find this number on your tax bill or ask one of the building dept. staff to look this number up for you.

#2. The address of building being worked on goes here.

#3. The property owner's name (Owner in Fee) Mailing address (If different than the work address) and telephone number go here.

residential should be listed on your plans.

#7. Estimated cost of the work goes here. This amount should be the amount a contractor would charge to do the work, even if you're doing the work yourself. You may exclude from this amount items not covered by the building code like: painting, wallpapering, carpeting and the cost of kitchen cabinets. The State of New Jersey requires this amount to be as accurate as possible, if these numbers are not realistic your permit application will be refused.


#8 The signature of the owner or their agent (anybody authorized by the owner to make this application) goes here.

#9. A brief description of the work. I.e. "Roof", "Vinyl Siding", "16' x 24' Addition", "12' x 16' Deck", etc.


#10. Type of work gets checked off here. Note: Decks are alterations not additions. If in doubt leave this section blank.

#11. This section is for office use, please leave blank.

Plumbing Subcode Section



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Contract #
Permit #

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIS NO: 1-800-272-1000.

Block _____ Lot _____
 Work Site Location _____
 Owner in Fee _____
 Address _____
 Tel (_____) _____
 Contractor _____
 Address _____
 Tel (_____) _____ FAX (_____) _____
 Lic. No. _____
 Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size _____ Public Sewer _____ Private Septic _____
 Water Service Size _____ Public Water _____ Private Well _____
 Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric ☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

D. TECHNICAL SITE DATA (Use of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bib	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Groceries	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

COA Training Fee \$ _____

TOTAL FEE \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature - Contractor's Seal _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

#1. This section should be filled out the same way as explained for the Building Subcode on page 1.

#2. Plumbing Characteristics go here. "Use Group" is the same as the Building Subcode section.

#3. Estimated cost of plumbing work goes here. (see Building Subcode section item #7 for an explanation of estimated costs)

#4. This section for office use. Please leave blank.

1 →

2 →

3 →

4 →

5 →

Subcode
TECHNICAL SECTION

A. IDENTIFICATION: APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIS NO: 1-800-272-1003.

Block _____ Lot _____

Work Site Location _____

Owner's Fee _____

Address _____

To (_____) _____

Contractor _____

Address _____

to (_____) _____ FAX (_____) _____

City No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

☐ Power ☐ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough				
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Temp. Serv.				
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Const. Serv.				
<input type="checkbox"/> Elec. Plans Approved			TCC				
Date _____			Other				
Approved by _____			Service				
			Final				

SUBCODE APPROVAL

CO _____ CCA _____

Date: _____

Approved by: _____

Temp. Out-Card Date Issued _____

Final Out-Card Date Issued _____

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors-Frac. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Panels	_____
_____	_____	Alarm Devices/A.C. Panel	_____
_____	_____	TOTAL NUMBERS	_____
_____	_____	Pool Permits/With UW Lights	_____
_____	_____	Swim Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Refrigerator	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Refrigerator	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Control A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/2 HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

DCA Training Fee \$ _____

TOTAL FEE \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of owner of record and am authorizing to have this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature _____

☐ Licensed Electric Contractor ☐ Exempt Applicant

L.C.C.F. 22 (rev. 1/95)

Please verify

Applicant: After submitting this form to your local District Office, please provide the original to the District Office.

- #1. This section should be filled out the same way as explained for the Building Subcode on page 1.
- #2. Electrical Characteristics go here. "Use Group" is the same as the Building Subcode section.
- #3. Estimated cost of electrical work goes here. (see Building Subcode section item #7 for an explanation of estimated costs)
- #4. This section for office use. Please leave blank.
- #5. Owners or agents signature goes here. If you are having a contractor do the electrical work he/she must place seal here.
- #6 List the quantity of each type of electrical device here.
- #7. This section for office use. Please leave blank.



FIRE SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tele. (_____) _____
Contractor _____
Address _____
Tele. (_____) _____ Fax (_____) _____
Lic. No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Construction Class Present _____ Proposed _____
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Electric [] Solar
[] Other _____
Location: _____
Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Date (Month/Day)			
[] No Plans Required		Type:	Failure	Failure	Approval	Initial	
Joint Plan Review Required:		Alarm System	_____	_____	_____	_____	
[] Building	[] Plumbing	Suppression Sys	_____	_____	_____	_____	
[] Electric	[] Elevator	Stancipe	_____	_____	_____	_____	
[] Fire Plans Approved		Fire Pump	_____	_____	_____	_____	
Date: _____		Pre-Eng. System	_____	_____	_____	_____	
Approved by: _____		Mechanical	_____	_____	_____	_____	
SUBCODE APPROVAL		Smoke Control	_____	_____	_____	_____	
[] CO	[] CCO	TCO	_____	_____	_____	_____	
Date: _____		Final	_____	_____	_____	_____	
Approved by: _____		Other	_____	_____	_____	_____	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: [] Flammable Liquid [] Combustible Liquid
[] LPG [] LNG Capacity _____ Fuel _____

Alarm Systems [] 110v Interconnected _____
[] System _____

Alarm Devices (i.e., smoke, heat, pull, water/floor) _____

Supervisory Devices (i.e., lamps, low/high air) _____

Signaling Devices (i.e., horns/strobes, bells) _____

Other Devices _____

TC/TAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas [] or Oil [] Fired Appliances _____

Other _____

FEE (Office Use Only)

NUMBER

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

USE 1-10
Rev. 3/80

#1. This section should be filled out the same way as explained for the Building Subcode on page 1.

#2. Fire Protection Characteristics go here. "Use Group" is the same as the Building Subcode section.

#3. Estimated cost of Fire Protection work goes here. (see Building Subcode section item #7 for an explanation of estimated costs)

#4. This section for office use. Please leave blank.

#5. Owners or agents signature goes here.

#6 A brief description of the work goes here. (New Home, Addition, Furnace Replacement, New Central Air-conditioning, etc.) Water Supply Source only needs to be filled in for Fire Sprinkler systems.

#7 Storage tanks are listed here. LPG (Propane) tanks are now inspected by the Plumbing Inspector and should be listed on the Plumbing Technical Section not here, list only Heating Oil, Gasoline or Diesel storage tanks here.

#8 Fire and Smoke alarm devises and quantity get listed here.

#9 Fire Suppression (Fire Sprinkler Systems) devises and quantity go here.

#10 This section for office use. Please leave blank.

3. Change in Use Group, Indicate Below:

#8 Check here if your building has any of these special characteristics.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

U.C.C. F1052 (rev. 3/96)

#1 Check here if you are building a home for yourself and are acting as the general contractor. If you check here you are waiving your right to a New Home Warranty required by the State of New Jersey if a contractor was building the home.

#2 Check here if you have prepared the construction drawings for your own home you live in.

#3 Check here if you are performing any of the work on your own home you live in.

#4 You must check here and advise all contractors that they must be registered with the State Taxation Division and comply with all New Jersey tax laws.